

# Report of the EU HIV/AIDS, Hepatitis and TB Civil Society Forum

Luxembourg, December 18 & 19, 2017

Meeting convened by the European Commission Directorate-General Health & Food Safety

## Introduction

The HIV/AIDS Civil Society Forum (CSF) has been established by the European Commission as an informal working group to facilitate the participation of non-governmental organizations, including those representing people living with HIV/AIDS, in policy development and implementation and in information exchange activities. In 2017, the Forum was extended to Hepatitis and TB organisations and this report covers the second meeting in the new composition. The Forum includes about 40 organisations from all over Europe representing different fields of activity. The Forum acts as an informal advisory body to the European Think Tank on HIV/AIDS, Hepatitis and TB. All annexes to this report are available online at the CSF page on the [AIDS Action Europe website](#).

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## 18 December 2017

### 1. Opening and Welcome

Sini Pasanen and Nikos Dedes welcome the CSF Members to the second EU HIV/AIDS, Hepatitis and TB Civil Society Forum in the new constellation. After the CSF Members introduce themselves, Sini and Nikos give a short overview over the recent developments regarding the CSF Coordination Team (CT). EATG, AAE, EHRA, GHA and Correlation were voted into the CT. After the elections the CT took up its work agreeing that EATG and AAE should continue their work as secretariat to the CSF. An interjection regarding the change of Eurasian Harm Reduction Network to Eurasian Harm Reduction Association and its legitimacy in the CSF CT was answered as follows: EHRA the changes from EHRN to EHRA to the Commission who approved it. It was noted that the CT should have explained and communicated the change to the CSF.

### 2. EU competence, instruments and tools in the field of HIV/AIDS, viral hepatitis, and tuberculosis– Legal and political context for EU action

The meeting starts with a presentation from the Commission on the legal and political context for EU action on HIV/AIDS, Hepatitis and Tuberculosis (see Annex 1). The presentation outlines the overall legal and institutional framework that governs EU-level activities in health, including HIV/AIDS, hepatitis and tuberculosis and covers the legal basis (Treaty), the differentiation between binding and autonomous acts, the HIV/AIDS context and overall remaining challenges and the instruments available at EU level. Jean-Luc finalises the presentation with possibilities of the EU to support and to add value to national action on the three diseases and the reference to the staff working document he is in the process of preparing as a non-binding, informative supporting document.

**Discussion:** The discussion focused on the Commission staff working document. The leadership of the Commission made the political decision to prepare a staff working document rather than a Communication at this stage. It will be discussed with Member States and also shared with the CSF. The Coordination Team will come up with a procedure on how feeding into the document. The latest draft should be ready by end of March at the latest to be approved by May 2018. The document will serve as an inventory of activities that have proven to be successful in the response to the three diseases. Apart from testing, linkage to care and retention in care, prevention will be at focus. This is extremely important as expenses for prevention remain under 5 % of the health budgets. Also, it was mentioned that the Commission's self-perception may sometimes be a bit too humble and that the Commission's action actually does have more impact on countries' policy making as being thought. Moreover, the impact of joint actions and civil society involvement was discussed since the national actors are chosen by the country focal points. This leaves in many countries Civil Society organisations ignored as partners in JAs.

### **3. CSF governance**

Sini Pasanen reports that the Coordination Team worked on the governance of the CSF and prepared a paper that was sent out to the CSF Members in preparation of the meeting. Moreover, the Coordination Team suggests that EATG and AAE continue their roles as co-Chairs of the CSF for this term which is approved by the CSF Members. The governance paper is accepted without further comments or amendments.

### **4. CSF strategic priorities**

Nikos Dedes starts the discussion on strategic priorities with a short history of the CSF, why it was created and the interlinkage with the Think Tank. The extension to viral hepatitis and TB is a process that requires the framing of new objectives and activities. The following points reflect the main elements that came up during the discussion:

- This is a new configuration CSF and we need think fresh how to operate: e.g. working groups and task force mechanisms.
- The diversity of the group regarding individuals and organisations is wide spread and offers much expertise and experience.
- The EU Health Policy Platform can be used as a vehicle for communication and information.
- The CSF strategy should focus on what is needed and where we would like to see changes.
- The Mission should be more strongly formulated since we face an emergency situation in a lot of countries.
- Prevention should be mentioned as well as treatment and care.
- The strategy should reflect specific advocacy targets for this period. A template should be created as a working document where specific targets and activities should be listed.
- The health agenda in European Parliament election should be a topic of joint work.
- Neighbouring countries and the extremely difficult situation should be included.
- There is a lot of talk about key populations but the general population is not mentioned at all. That is also accounted for CBVCT: Not only community based testing should be mentioned but also testing as such. Another comment contradicts this statement, saying that key populations not only should be mentioned but specifically described in terms of who and which key population is talked about.
- Stigma and discrimination should be addressed by specific trainings.
- There are specific needs regarding access to DAA and treatment in general for drug users as well as the worsening of sex work legislation in many countries and mental health in

correspondence with the three disease areas that should be put on the core thematic area list.

- Human rights and human rights based approaches should be used as anchor points in the document.
- Collaboration with other EU Initiatives like Joint Actions should appear in the document.
- Readdressing issues of harm reduction in the health programme is of major strategic concern and would need to be worked on in a working group
- Looking at the future of funding instruments

This input and the following sessions of the CSF Meeting will be used to draft the CSF workplan and next steps for action that is planned as last session of this meeting.

## **5. Follow-up from last CSF – updates and joint work**

This session is implemented to follow up on contributions and presentations from the last CSF:

### **a) Health Care Reform 2018/HIV treatment at 500 CD4 counts: is it enough?**

Aigars Ceplitis summarises changes since the last CSF on the Health Care Reform in Latvia. (see Annex 2). His key argument is that Latvia is fiscally solvent to treat HIV/AIDS, Hep C and TB according to the latest WHO and ECDC guidelines and that it is a question of political will and not of budgetary concerns. Though one person argued that if Latvia were to aim for “elimination”, current prices would be too high. In the discussion, it was suggested that the CSF could check updates on start of and quality of treatment. This could be done by cross-checking ECDC information. It was noted that while the guidelines in Romania foresee offering treatment upon diagnosis, in practice that it does not happen. There is a question of resources and discrimination in access, e.g. certain groups like PWID have less access.

### **b) ESTICOM / ECHOES Promotion**

Michael Krone from AIDS Action Europe follows up on the presentation held at the last CSF on the ESTICOM project. Specifically he reminds the CSF Members that support is needed regarding the promotion of the ECHOES survey that is addressing community health workers (CHW). It was just decided that the period of filling out the survey will be extended until January 31, 2018. Apart from the announcement in the CSF an email will be sent out to the CSF Members in order to promote the survey prolongation.

### **c) INTEGRATE - EU Joint Action**

Since the last CSF a logo, a leaflet and a website have been created. Several meetings have already been conducted or are planned (see Annex 3). Integrate will be presented at the AIDS 2018 Conference. Since this Joint Action is a conglomerate on experiences from previous joint actions as much as on the integration of the three diseases it is of relevance to all stakeholders in the field.

### **d) CBVCT – Situation of counselling and testing in non-medical settings in Lithuania**

Loreta Stoniene reports that there has been some development since last CSF Meeting with regards to community based testing. However, the situation remains difficult for Demeter (see Annex 4). The discussion about HIV testing by non-medical staff included into the new HIV/AIDS action plan for 2019 by the MoH. Moreover, the new treatment guidelines to treat all and not only those with a cell account of 350 copies and lower have been prepared but not signed yet. In a short discussion, it was mentioned that it might be helpful to consider the wording using orientation test rather diagnostic test to address the resistance to lay community person performing the test. It was noted that in a

number of countries you can work around legislations. There are good practices yet states are reluctant in changing regulations.

#### **e) Situation of sex workers in Europe**

Anastacia Ryan from the International Committee on the Rights of Sex Workers in Europe reports that the situation of sex workers in Europe has not got any better during the recent six months. The legal instrument to criminalise sex work clients as a way to tackle sex work in general has been observed in various countries. It is evident that the more sex work is criminalised, violence against sex workers is increasing. She also noted the impact of violence on seeking health services. Criminalisation impedes prevention efforts. Specific challenges regarding prevention work are facing organisations from countries 'loosing' Global Fund funding. Anastacia would like to see a working group regarding advocacy in the field of criminalisation of sex work. She also noted that ECDC is carrying out a survey on prevalence in different countries. Sini Pasanen who represents the CSF on the AIDS 2018 Conference Coordination Committee is advocating with others having the issue covered at AIDS 2018 to make the spread of the "Swedish model" of sex work law.

#### **f) International Coalition to Eliminate Hepatitis B and Achieve**

Tatjana Reic from ELPA presents activities of these two international initiatives (see Annex 5). Both initiatives aim at advancing the fight against viral hepatitis (B, B and C in line with the WHO Global Health Sector Strategy, the WHO Europe Action Plan and the UN Sustainable Development Goals and to eliminate Hep B and C by 2030. During the discussion, ECDC (?) noted that ICE initiative is focusing on treatment, which is needed. But it was noted that soon the shortages of HBV vaccines will have to be addressed.

#### **g) Estonian EU Presidency Meeting**

Under the slogan "Addressing HIV and TB Challenges: from Donor Support to Sustainable Health Systems" the Estonian EU Presidency organised a policy meeting on December 12 & 13. There was some government representation but not as planned. The Balkan countries were quite well represented, there was not much attention from Western countries. The meeting focused on integration of HIV and TB, in particular because the focus was set on transitioning from GFATM funding to domestic funding. The importance of civil society and community based organisations in the response to both diseases was often mentioned. The Estonians are preparing an outcome document. Now the focus needs to be put on the follow-up of the meeting; specifically when it comes to the upcoming presidencies. It is suggested to have a working group on transitioning from external to domestic funding. The ensuing discussion highlighted the need to ensure a continuity of topic from one Presidency to another. It was noted that while upcoming presidencies will not address the diseases directly they will address access to medicines.

### **6. Upcoming policy meetings**

#### **a) Conference on Civil Society Involvement in Drug Policy**

Eberhard Schatz reminded the CSF of the upcoming conference on Civil Society Involvement in Drug Policy that will take place in autumn 2018 in Brussels. The CSF Members are called to actively participate in the conference and to contribute to the programme. On occasion of the conference, it will be further explored to have a joint session of the CSF on drugs and the CSF on HIV/AIDS, Hepatitis and TB.

**Action point: there could be a joint CSF session.**

#### **b) Hepatitis C related events on conferences**

On the side of the international Liver Congress in Paris (11- 15 April). ELPA will organise a symposium on side effects of liver diseases (12 April), a workshop on micro elimination and a training on the HepCORE survey. Prior to the International Network on Hepatitis in Substance Users (INSHU) conference in Cascais, Correlations and partners will organise a community summit on 16 September that will focus on advocacy.

#### **c) European Harm Reduction Conference**

The European Harm Reduction Conference will take place at the end of November in conjunction with the final conference of the HA-REACT Joint Action in Bucharest.

#### **d) Eastern European and Central Asian AIDS conference in Moscow**

EECAAC will be taking place from 18 to 21 Apr in Moscow. Although there is still a lot of controversy about the conference there will be no active boycotting of organisations of the conference. It would be if there was a high representation from the EU level in this meeting of EECA GO and NGO that is co-organised by UNAIDS. Luís Mendão has a place on the CCC of the conference. The deadline for registration is 29 December. The importance of ensuring a linking of European civil society was noted.

#### **e) UN High Level Meeting on TB and TB conference in The Hague**

With the UN HLM and the Union World Conference on Lung Health in the Hague (24-27 October), there are two important events on TB in 2018. Civil Society will be working hard to make these meetings as successful as possible for patients and people at risk. The question is how CS can influence effectively the drafting of outcome papers and whether there is experience in the HIV and Hepatitis field. It was noted that it is important for civil society to be in contact with country delegations and possibly being part of it. Slovakia was in charge of the draft. Ferenc Bagyinszky who is an NGO delegate to the UNAIDS Programme Coordinating Board on behalf of AIDS Action Europe adds that there will be a thematic day on HIV/TB during the next meeting of the PCB in June 2018 whose results should be linked to the HLM. For the conference, the International Civil Society Committee (ICSS) and Washington-based ACTION are supporting a civil society coordination group. TBEC is releasing a guide for TB advocates

#### **f) AIDS 2018**

The IAS AIDS 2018 conference will take place in Amsterdam from Jul 22 to 27, 2018. The submission deadline for abstracts, scholarships and workshops is Feb 5, 2018. This closure date is valid also for all Global Village and Youth Programme activities. The deadline for Symposium, satellite session is in April. There will be around 700-800 scholarship for EECA. Sini Pasanen reminds the CSF Members that the CSF is represented on the CCC of the Conference. AFEW and partners work on an increasing number of scholarships for people from EECA countries as well as on their contributions by facilitating support for abstract submission. The European Commission and UNAIDS are preparing a special session at the conference and the EC is trying to secure high level representation (health commissioner and Vice President). WHO and UNAIDS will also organise a political meeting on EECA. It is suggested to address the expanding epidemic in SEE too. It is suggested to create a working group on the preparation of the conference.

### **7. Update of Dublin monitoring framework and improving surveillance**

Andrew Amato updates the CSF Members on changes regarding the Dublin Declaration Monitoring (see Annex 6). The presentation touches upon the historical background of the monitoring, its evolution and contents, the planned changes for 2018, the integration of data from other sources,

improvements and next steps. Governments have until the end of March to fill in the questionnaire and should work with civil society on it. There is also a plan to hold a meeting on the continuum of care together with European AIDS Clinical Society. A snap survey on generic PrEP use in member states is in process

**Discussion:** One thread of the discussion centred on the questionnaires and the role of Civil Society Organisations in filling them out, in particular when it comes to monitoring of viral hepatitis and TB. While in the beginning the surveys were answered by both GO and NGO representatives in the countries with sometimes tremendous differences, the questionnaires are now filled in mainly by GO, in some countries, as suggested, jointly by GO and NGO representatives. This will remain the common procedure, although the GO perspective only might not reflect the situation in the country. Moreover, it was discussed whether the regional monitoring at the global level together with North American countries makes that much sense. This keeps challenging and limiting but will most likely not change. Therefore, the output needs to be maximised at global level, targeting political advisers and stressing the political use of these data. ECDC was asked to inform the CSF when the questionnaires to government are sent.

## **8. European Commission, Agencies and EU Presidencies updates and CSF input**

### **a) WHO European Region**

Vittoria Gemelli presents via video conference the UN Common Position on Ending TB, HIV and viral Hepatitis through intersectoral collaboration (see Annex 7). This position is based on the coalition for health and wellbeing in the WHO European Region composed by UN organisations and focusing on communicable diseases with reference to the SDG targets 3.3, 3.B. Vittoria introduces process and content of the UN common position paper as well as directions for action and aspects of operationalisation and accountability. She stresses that this paper is aimed to accelerate the response to the epidemics, to explore synergies in the health systems and that civil society has a crucial role in monitoring the process. The paper is supposed to be launched in the first quarter of 2018. The paper will address 1) epidemiological context, socio eco environmental determinant, who is left behind; 2) scope and purpose: first milestone, key directions; 3) shared principles. Direction for action; 4) operationalisation and accountability.

### **b) European Commission**

Jean-Luc Sion focuses his update on the preparation of the Staff Working Document. The document will be worked on during the first quarter of 2018. Civil Society is asked via the forum to contribute to the process before it is run through the formal approval process. The document is an action paper including an inventory of practices that have proven to be effective. There is, answering the question of a CSF Member whether linking to SDG Monitoring and communication between Commission and countries regarding SDG Monitoring is foreseen, not such a procedure in place yet. In the reporting system of the EC, which is based on Eurostat, there is not reporting on the subject. There could be an indicator on mortality and perhaps there could be a link with ECDC monitoring. There will be yearly reporting and there will be an interservice group.

### **c) ECDC**

Andrew Amato presents the update of the ECDC TB programme, the HIV/AIDS, STI and viral hepatitis programme and the proposed programme for monitoring hepatitis B and C (see Annex 8) Regarding TB he stresses the need for improved TB-HIV co-infection surveillance, the importance of managing latent TB infection in order to eliminate TB and multidrug resistant TB in children. There was a recommendation from ECDC to scale up advocacy for shorter and better MDR TB treatment roll-out

and for the registration of HIV diagnosis in TB patients and vice versa. There also need to be more drug resistance testing for MDR TB in Children. With regards to HIV, STI and hepatitis he refers to the key achievements in 2017 and highlights and activities in 2018/19. As for the monitoring of hepatitis, a comprehensive approach is now very relevant. He highlights the aims in developing a monitoring platform, guiding principles and steps to identify what needs to be monitored. Here an extensive mapping exercise on indicators has been undertaken that serves to monitor progress towards the goals and targets of the SDGs, the Global Health Sector Strategy and the European Action plan.

In ECDC there is a shift of resources to AMR and vaccine preventable diseases.

**Discussion:** The efforts to improve viral hepatitis monitoring are applauded. In general, with regards to the beginning of the Dublin declaration monitoring, the Eastern European and Central Asian region seems to be left behind although the situation in these countries regarding all three diseases is devastating and a stronger monitoring at international level would be very supportive in order to respond to the epidemics effectively. It was noted that the monitoring system should be comparable between EU and other countries via WHO-ECDC collaboration.

#### **d) EMCDDA**

EMCDDA could not attend the meeting due to a short-term, due to illness cancellation.

#### **e) UNAIDS**

Henning Mikkelsen stresses that while significant progress is made on 90-90-90 targets there is less attention on prevention and on accelerating the prevention road map to reach the targets. In his presentation (see Annex 9), he focuses on the alarming situation in incidence of HIV infections among MSM in newer EU Member states and candidate countries and the gaps in responding to this situation. Against this background, he also refers to declining HIV infections in select countries and particularly the dramatic decline in London, while, unfortunately, this development could be undermined because funding for sexual health services has been cut. Moreover, Henning points to the Global Coalition for HIV prevention as a potential platform for advocacy, implemented among others by some of the European Government founding members and describes immediate future activities. Anne-Claire Guichard adds that UNAIDS is working with FIFA to implement HIV related activities during the football world cup in Russia. It was noted that EECA countries should be included in the coalition.

#### **f) Upcoming EU Presidencies (Estonia, Bulgaria and Austria)**

The Estonian presidency ended with the political meeting addressed under 5.7. Bulgaria does not have HIV, TB or viral hepatitis on the agenda but access to innovative medicines. For Austria, Isabell Eibl reports that the government will focus on access to medicines. However, with the new government in place, this plan could be changed. The next country taking the presidency up in Jan 2019 is Romania. Civil Society should plan to reach out to the government.

### **9. Labour Migration in the WHO European Region and access to HIV, TB, hepatitis services**

Anke van Dam from AIDS-Foundation East West leads the CSF-Members through her presentation on migration and key populations in Eastern Europe and Central Asia (see Annex 10). She introduces the results of a mapping exercise in the countries. There is massive labour migration from EECA countries to Russia which leads to major problems for people living with HIV or are at risk to accessing HIV services and treatment. Since there is no official data on key populations and migration, AFEW Tajikistan implemented a survey among PWID in Kyrgyzstan and Tajikistan. The survey shows the variety of problems people face in this situation under often terrible living conditions. Towards the

end of her presentation, Anke refers to a meeting to discuss an essential HIV care package for migrants from central Asian countries on 27 September 2017 with representatives from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan), UN organisations and CS.

**Discussion:** The discussion focuses on the crucial role that the Russian Federation would play in tackling these issues. However, it does not seem that the Russian government is acting on this although there are challenges regarding access for moving populations within the Federation. On a more positive note, there has been a lot of awareness raising regarding labour migration and an increasing amount of activities address this issue.

## Tuesday, 19.12.2017

### 10. Monitoring European policy responses to viral hepatitis – The Hep-CORE study

Jeff Lazarus presents on behalf of ELPA the Hep-CORE study (see Annex 11), a patient centred monitoring instrument. CORE stands for communities, opinions, recommendations and experts and monitors progresses in global policy developments. This is of extreme importance as the hepatitis field is far behind in involving civil society and patient organisations. Jeff points to the purpose, principles, activities and timeline of the project and presents some selected results as well as conclusions. He stresses with the example of Hep-Nordic that there is widespread disagreement between stakeholder respondents when it comes to assessment of the policy response and why it is important to involve patients' organisations.

**Discussion:** Tatjana Reic explains the role of ELPA in this study. ELPA has member organisations in many European countries but not in all. That is why for instance, since the question was asked, Latvia was not included in the study as much as the other two Baltic countries were not. While on the other hand Italy is one of the brightest examples regarding patients' organisations and advocacy. ELPA focuses, among other issues, on training its national member organisations on how to advocate towards national governments. There was also a question on connections with key populations groups.

### 11. Improving HIV prevention and diagnosis

For this CSF Meeting, Valerie Delpech from Public Health England was invited to talk about the recent decrease of HIV diagnosis among gay men and other MSM in London. Unfortunately, she was not able to attend due to other commitments. The topic will be put on the agenda of next meeting. Nikos, by introducing this session, emphasises that there is not only one factor that explains the decrease but rather a combination of increase in testing frequencies, early treatment as well as PrEP.

**Discussion:** This view is echoed during the discussion. There has been sharp and steady decline from 2015/2016. The exact role that PrEP plays needs to be analysed. Some suggest with the advent of PrEP has renewed of HIV awareness, some peoples are now being tested that were not before and therefore is an entry to the field for some people. It would be interesting to examine the evolution of incidence in other cities. It is evident that there is no simple copy and paste procedure and that different approaches regarding the different circumstances are needed. What is certain though is that providing services that are appropriate to the populations they are meant to serve is key. However, a clear analysis of the situation in London can have tremendous impact on the prevention efforts in other countries respectively cities. There was a debate on message and using evidence because a number of policy makers are just waiting to dismiss PrEP while it has proven effective.

Testing had a clear role and there is evidence that PrEP is effective. A study in the Lancet from 17 October of the cost effectiveness of PrEP for MSM in the UK showing the huge savings has been proved useful in advocacy in Denmark.

The session continued with an update on **PrEP in France**. Christian Verger from AIDES follows up on previous contributions on the topic (see Annex 12): He stresses that the uptake of PrEP is behind the expected numbers with a current number 5352 while the target is 20-40,000 people. In particular, the uptake of PrEP outside of Paris (49 % of the current PrEP users live in Paris) and by younger and migrant populations needs to be increased. Also PrEP needs to be brought into the communities as 92% are prescribed in hospitals. Christian also informs about recent research results regarding the Flash PrEP in Europe and the Prevenir survey which gives some information about the efficiency of roll-out efforts.

After this, the prevention topic is taken up with a presentation by Andrew Amato on the ECDC meeting on **STI/HIV prevention among men who have sex with men and migrants** (see Annex 13). Andrew talks about combination prevention and challenges, community perspectives and recent ECDC data on the disproportionately affected groups of MSM and migrants. He presents the ECDC guidance on HIV and STI prevention among MSM as well as the objectives and conclusions of the above mentioned meeting including specific conclusions for ECDC. It was also noted that in France a number of migrants are infected post-arrival so we need to convince the government to invest in communication towards these communities.

**Discussion:** It is stressed that the U=U message needs to be pushed forward. U=U is a game changer and an important part in the holistic prevention approach. This message needs to be spread not only in the communities but also among policy and decision makers. This should also be a clear message to the Think Tank Members.

The session continues with a short preliminary report from the **European HIV/Hepatitis Testing Week** (see Annex 14). Cary James from Terrence Higgins Trust introduces information on participating organisations, outreach and material development. He also presents the statement from ETW on principles to advance safe and voluntary testing for key and most affected populations, combination prevention and prompt linkage to care which includes some key messages that should be also taken up by the CSF members.

## **12. Improving early diagnosis and treatment of viral Hepatitis and TB**

Walter Cullen from the University College Dublin in Ireland presents the **Hepcare Europe project** that is funded by the Commission and aims to improve access to HCV testing and treatment among risk groups through outreach and integration of primary and secondary care (see Annex 15). Hepcare consists of different work packages performed by different organisations. The work package HepCheck focuses on hepatitis C screening provided in primary care, homeless services, drug treatment centres and prisons. HepCheck is implemented in Dublin, London, Bucharest and Seville. Walter also introduces the work that is performed in the mobile Health and Screening Unit that provides a mobile unit containing clinic and x-ray machine, is permanently staffed with GP and 2 nurses, receives temporary support from radiographer as required and can provide clinical assessments, phlebotomy, chest x-rays and vaccinations. The HepLink work package aims to improve HCV care outcomes among patients receiving OST in general practice by developing integrated model of HCV care and evaluating feasibility, acceptability and likely efficacy. Linkage to care is a major obstacle in the care system in particular for key populations and the project works on overcoming barriers by applying the integrated care model. The presentation finalises with lessons learnt from which the highlighted one is that enhancing outreach via community friendly integration of care are

key. Of the learning is that the education tool for health care professional can be the same on knowledge outcome but the delivery of the training has to be done by local people to adapt to the given context. Also framework on service delivery will vary according to which resources are available.

**E-detect TB** is a project on early detection and treatment of TB in Europe. Gerard de Vries introduces the project with a particular focus on outreach activities in the two high incidence countries of Bulgaria and Romania (see Annex 16). Here the activities are based on the two objectives to ensure early diagnosis in vulnerable populations defined as homeless individuals, Roma, those with a history of drug use within the community and prisoners and to strengthen care integration using an outreach strategy within the same vulnerable populations in Romania. Other activities are implemented in Italy where migrants who arrive over the Mediterranean Sea are screened and get integrated in care. Two other work packages work on a multi-country database and to strengthen national TB programmes and develop action plans.

Both projects the Hepcare and the E-detect projects work with a mobile unit for screening and counselling purposes that can be used also in other countries. At times, it is not used. Against this background, countries should flag their interest in order to use this low-threshold service. Maximising the usage of these mobile units will also be discussed with member states at the Think Tank.

### **13. HIV Outcomes**

Jeffrey Lazarus was invited to report on behalf of the HIV Outcomes Beyond Viral Suppression Coalition (see Annex 17). The HIV Outcomes initiative reflects a widespread recognition among experts that important issues of health and social inclusion of PLHIV receive insufficient attention from policy-makers and healthcare providers. It focuses on HIV clinical management, comorbidities, psychosocial services, stigma and discrimination within health systems and health-related quality of life. The message from the initiative is monitor long term care, fund long term health cohort studies; address stigma and discrimination within health systems; upscale community involvement in priority setting. Jeff introduces the indicators monitoring three levels of health system performance, recommendations launched at the European parliament in November and next steps in 2018.

### **14. CSF workplan and next steps for action**

Fanny Voitzwinkler introduces a template for the CSF working plan that CSF Members are invited to comment on. The following bullet points reflect parts of the discussion and will be taken into the to be updated working plan.

- Fanny emphasises that the working document is a living document that should be continually updated in order to guide the Coordination Team in its work between meetings and in the organisation of CSF meetings (agenda definition). She also stresses that it is not a comprehensive list of issues that are important to CSF members
- The situation in EECA countries is not very well reflected so far. A working group should be added that specifically addresses the needs of vulnerable groups in transitioning countries. This working group should also take up the impact of health system reforms.
- ETAN claims that migrants as a particularly vulnerable group is not mentioned. The question what the forum can do in different countries could be addressed in a working group. A presentation on the overarching landscape during the next CSF is offered to inform the CSF Members.

- Strategically, advocacy activities are needed at national and European level. This should follow and reflect the linking between Commission and countries.
- Collaboration on certain issues with other DGs can be ensured by inviting them to the meetings. Also, with regards to TB and Hepatitis organisations working on the ground, they can be invited and present for specific topics during meetings.
- There should be a working group on linkage to care also working on access to treatment and affordability, sharing good practices and monitoring of linkage to care processes.
- Daniel Simoes from GAT reminds that for most CSF Members working on CSF issues is additional work. Therefore, it is needed to remain realistic on what is actually feasible with regards to objectives and activities.

The updated working plan will be sent out to the CSF members in order to comment and to indicate where their organisations would like to contribute to working groups.

#### **15. Any other business**

- The email list of CSF Members is limited to the current CSF member organisations. All other interested people can get enlisted in the HIV Policy in Europe Facebook group. The maximum amount of people subscribed to the listserv is two per organisation.
- The CSF should make more use of the CSF group of the European Health Policy Platform. Every CSF Member should get registered. An introduction on how to use the platform will be provided.